



# REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 12/16/2024)

\_\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

For Court Use Only:

|                                                                                                                                    |                |
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| <b>CAPTION</b> Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet. | IAS Entry Date |
| Plaintiff(s)/Petitioner(s)                                                                                                         | Judge Assigned |
| -against-                                                                                                                          |                |
| Defendant(s)/Respondent(s)                                                                                                         | RJI Filed Date |

**NATURE OF ACTION OR PROCEEDING** Check only one box and specify where indicated.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>COMMERCIAL</b><br>Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)<br>Contract<br>Insurance (where insurance company is a party, except arbitration)<br>UCC (includes sales and negotiable instruments)<br>Other Commercial (specify): _____<br><b>NOTE:</b> For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the <b>COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C)</b> . | <b>MATRIMONIAL</b><br>Contested<br><b>NOTE:</b> If there are children under the age of 18, complete and attach the <b>MATRIMONIAL RJI ADDENDUM (UCS-840M)</b> .<br>For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13).<br><b>REAL PROPERTY</b> Specify how many properties the application includes: _____<br>Condemnation<br>Mortgage Foreclosure (specify): Residential Commercial<br>Property Address: _____<br><b>NOTE:</b> For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the <b>FORECLOSURE RJI ADDENDUM (UCS-840F)</b> .<br>Partition<br><b>NOTE:</b> Complete and attach the <b>PARTITION RJI ADDENDUM (UCS-840P)</b> .<br>Tax Certiorari (specify): Section: _____ Block: _____ Lot: _____<br>Tax Foreclosure<br>Other Real Property (specify): _____ |
| <b>TORTS</b><br>Asbestos<br>Environmental (specify): _____<br>Medical, Dental or Podiatric Malpractice<br>Motor Vehicle<br>Products Liability (specify): _____<br>Other Negligence (specify): _____<br>Other Professional Malpractice (specify): _____<br>Other Tort (specify): _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| <b>SPECIAL PROCEEDINGS</b><br>Child-Parent Security Act (specify): Assisted Reproduction Surrogacy Agreement<br>CPLR Article 75 – Arbitration [see <b>NOTE</b> in <b>COMMERCIAL</b> section]<br>CPLR Article 78 – Proceeding against a Body or Officer<br>Election Law<br>Extreme Risk Protection Order<br>MHL Article 9.60 – Kendra’s Law<br>MHL Article 10 – Sex Offender Confinement (specify): Initial Review<br>MHL Article 81 (Guardianship)<br>Other Mental Hygiene (specify): _____<br>Other Special Proceeding (specify): _____ | <b>OTHER MATTERS</b><br>Certificate of Incorporation/Dissolution [see <b>NOTE</b> in <b>COMMERCIAL</b> section]<br>Emergency Medical Treatment<br>Habeas Corpus<br>Local Court Appeal<br>Mechanic’s Lien<br>Name Change/Sex Designation Change<br>Pistol Permit Revocation Hearing<br>Sale or Finance of Religious/Not-for-Profit Property<br>Other (specify): _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**STATUS OF ACTION OR PROCEEDING** Answer YES or NO for every question and enter additional information where indicated.

|                                                                 | YES | NO                           |
|-----------------------------------------------------------------|-----|------------------------------|
| Has a summons and complaint or summons with notice been filed?  |     | If yes, date filed: _____    |
| Has a summons and complaint or summons with notice been served? |     | If yes, date served: _____   |
| Is this action/proceeding being filed post-judgment?            |     | If yes, judgment date: _____ |

**NATURE OF JUDICIAL INTERVENTION** Check one box only and enter additional information where indicated.

|                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| Infant’s Compromise                                    |                                            |
| Extreme Risk Protection Order Application              |                                            |
| Note of Issue/Certificate of Readiness                 |                                            |
| Notice of Medical, Dental or Podiatric Malpractice     | Date Issue Joined: _____                   |
| Notice of Motion                                       | Relief Requested: _____ Return Date: _____ |
| Notice of Petition                                     | Relief Requested: _____ Return Date: _____ |
| Order to Show Cause                                    | Relief Requested: _____ Return Date: _____ |
| Other Ex Parte Application                             | Relief Requested: _____                    |
| Partition Settlement Conference                        |                                            |
| Request for Preliminary Conference                     |                                            |
| Residential Mortgage Foreclosure Settlement Conference |                                            |
| Waiver of Court Costs, Fees, and Expenses              |                                            |
| Writ of Habeas Corpus                                  |                                            |
| Other (specify): _____                                 |                                            |

| <b>RELATED CASES</b> List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank.<br>If additional space is required, complete and attach the <b>RJI ADDENDUM (UCS-840A)</b> . |                   |       |                     |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|---------------------|------------------------------|
| Case Title                                                                                                                                                                                                                                | Index/Case Number | Court | Judge (if assigned) | Relationship to instant case |
|                                                                                                                                                                                                                                           |                   |       |                     |                              |
|                                                                                                                                                                                                                                           |                   |       |                     |                              |
|                                                                                                                                                                                                                                           |                   |       |                     |                              |
|                                                                                                                                                                                                                                           |                   |       |                     |                              |

  

| <b>PARTIES</b> For parties without an attorney, check the “Un-Rep” box and enter the party’s address, phone number and email in the space provided.<br>If additional space is required, complete and attach the <b>RJI ADDENDUM (UCS-840A)</b> . |                                                                                                                                                       |                                                                                                                                                                                                      |                                                                        |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Un-Rep                                                                                                                                                                                                                                           | Parties<br>List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 <sup>rd</sup> party plaintiff, etc.) | Attorneys and Unrepresented Litigants<br>For represented parties, provide attorney’s name, firm name, address, phone and email. For unrepresented parties, provide party’s address, phone and email. | Issue Joined<br>For each defendant, indicate if issue has been joined. | Insurance Carriers<br>For each defendant, indicate insurance carrier, if applicable. |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |
|                                                                                                                                                                                                                                                  | Name:<br>Role(s):                                                                                                                                     |                                                                                                                                                                                                      | YES      NO                                                            |                                                                                      |

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.

Dated: \_\_\_\_\_

Signature

Print Name

Attorney Registration Number